

Date: 2-25-10

CITY OF MADISON

Registration Statement - LANDLORD & TENANT ISSUES SUBCOMMITTEE  
COMMITTEE

Please Print

Agenda No. 11662

PLEASE PRINT CLEARLY

Name AMES STOPPLE

Address 1202 REPENT STREET

Please check the appropriate boxes:

- Support
- Oppose
- Neither Support Nor Oppose

- and
- Wish to speak
  - Do not wish to speak
  - Available to answer questions

At this meeting are you representing an organization or a person other than yourself:  Yes  No  
(If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," provide the name of who you represent and go on to the next question.)

Name, address and telephone number of each person or organization you are representing:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you being paid for your representation?  Yes  No

Are you appearing as part of your other paid duties for this person or organization?  Yes  No  
(If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," go on to the next question.)

Speaking Limits:

- Public Hearing (Common Council) ..... 5 minutes
- Information Hearing..... 3 minutes
- Other Items..... 3 minutes

(SEE BACK)

REGISTRATION STATEMENT - PAGE 2

Are you an elected official or employee who is appearing solely on behalf of your office or for your municipality or other governmental body?  Yes  No

*(If you answered "yes" to the question, STOP. You need not complete the rest of this form, except that you must sign this form. If you answered "no" to the question, go on to the next question.)*

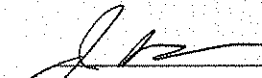
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Date 2-25-10

Signature



Print Name

JAMES STOPPLE

Date: 2/25/2010

CITY OF MADISON

Registration Statement - LANDLORD & TENANT ISSUES SUBCOMMITTEE  
COMMITTEE

Please Print

Agenda No. 16662

PLEASE PRINT CLEARLY

Name Colin Ingram  
Address 1614 Melkenna Blvd  
Madison WI 53711

Please check the appropriate boxes:

- Support
- Oppose
- Neither Support Nor Oppose

- and
- Wish to speak
  - Do not wish to speak
  - Available to answer questions

At this meeting are you representing an organization or a person other than yourself:  Yes  No  
(If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," provide the name of who you represent and go on to the next question.)

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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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Speaking Limits: Public Hearing (Common Council) ..... 5 minutes  
Information Hearing..... 3 minutes  
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(SEE BACK)

REGISTRATION STATEMENT - PAGE 2

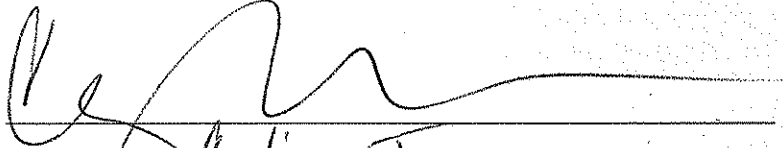
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Date 02/25/2010 Signature   
Print Name Colin Ingram

Date: 2/25/10

CITY OF MADISON

Registration Statement - LANDLORD & TENANT ISSUES SUBCOMMITTEE  
COMMITTEE

Please Print

Agenda No. 16662

PLEASE PRINT CLEARLY

Name Mary Devine  
Address 662 Mendota Ct

Please check the appropriate boxes:

- Support
- Oppose
- Neither Support Nor Oppose

- and
- Wish to speak
  - Do not wish to speak
  - Available to answer questions

At this meeting are you representing an organization or a person other than yourself:  Yes  No  
(If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," provide the name of who you represent and go on to the next question.)

Name, address and telephone number of each person or organization you are representing:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you being paid for your representation?  Yes  No

Are you appearing as part of your other paid duties for this person or organization?  Yes  No  
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Speaking Limits: Public Hearing (Common Council) ..... 5 minutes  
Information Hearing ..... 3 minutes  
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(SEE BACK)

REGISTRATION STATEMENT - PAGE 2

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Date \_\_\_\_\_

Signature \_\_\_\_\_

Print Name \_\_\_\_\_

Date: 2/25/10

CITY OF MADISON

Registration Statement - LANDLORD & TENANT ISSUES SUBCOMMITTEE  
COMMITTEE

Please Print

Agenda No. 2

PLEASE PRINT CLEARLY

Name Dan Seely  
Address 6004 Willow Brook Trl.  
Sun Prairie, WI 53590

Please check the appropriate boxes:

- Support
- Oppose
- Neither Support Nor Oppose

- and
- Wish to speak
  - Do not wish to speak
  - Available to answer questions

At this meeting are you representing an organization or a person other than yourself:  Yes  No  
(If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," provide the name of who you represent and go on to the next question.)

Name, address and telephone number of each person or organization you are representing:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you being paid for your representation?  Yes  No

Are you appearing as part of your other paid duties for this person or organization?  Yes  No  
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Speaking Limits: Public Hearing (Common Council) ..... 5 minutes  
Information Hearing..... 3 minutes  
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(SEE BACK)

REGISTRATION STATEMENT - PAGE 2

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Date \_\_\_\_\_

Signature \_\_\_\_\_

Print Name \_\_\_\_\_

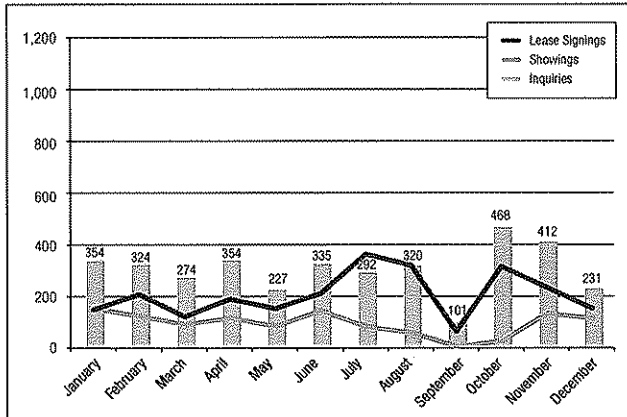


# Downtown Madison Rental Market Data 2009: Traffic, Showing, Leasing

Prepared by Steve Brown Apartments for The Common Council of the City of Madison and the Landlord and Tenant Issues Subcommittee

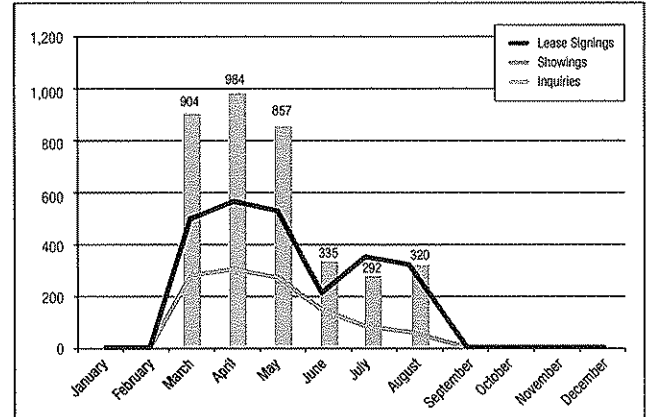
## 2009 (ACTUAL) TRAFFIC AND LEASING ACTIVITY

Data Includes 1,100 Apartments in Mansion Hill, University Heights and the Central Campus Area Offered by Steve Brown Apartments



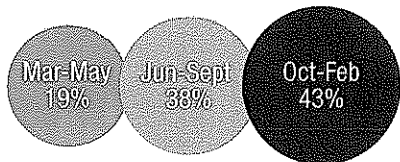
## PROJECTED TRAFFIC AND LEASING ACTIVITY UNDER THE PROPOSED ORDINANCE

Extrapolated Data for the Same 1,100 Apartments



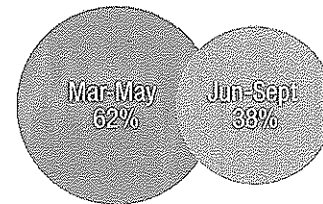
## 2009 APARTMENT LEASE ACTIVITY, BY SEASON

Data Includes 1,100 Apartments in Mansion Hill, University Heights and the Central Campus Area Offered by Steve Brown Apartments



## PROJECTED APARTMENT LEASE ACTIVITY, BY SEASON

Extrapolated Data for the Same 1,100 Apartments



## 2009 WAITING LIST DATA

Steve Brown Apartments had an unsolicited waiting list of 206 prospects as of November 1, 2009.

## THE PROPOSED ORDINANCE CAUSES THE FOLLOWING NEGATIVE EFFECTS FOR RENTERS:

- 11 weeks, or 64 days, would become the available leasing season for the 29,000+ UW-Madison Undergraduates who typically leave Madison in mid-May.
- An 11-week shopping period will create a *higher sense of urgency to find an apartment than currently exists*.
- The 11-week shopping period will disrupt the current residents, as their apartment will be shown to large groups of prospects, multiple times a day.
- The 11-week leasing season will be too condensed to allow for one-on-one lease signings with each resident.
- The 11-week shopping period will make it hard to get appointments for showings. This will lead to the dangerous practice of students knocking on doors of apartments they're interested in and asking the current residents if they can see inside.
- An 11-week shopping period will create an urgency that will lead to more leases being signed for apartments that are sight unseen.
- A shortened leasing season will lead to unsafe, financially unsecured, "black market" deals between renters.
- The urgency created by a shortened leasing season has high potential to create wait lists with bidding wars, or auction-style leasing.
- A shortened leasing season will lead to apartments being rented out from under the current residents. **Current residents have never been guaranteed the option to renew, it's a courtesy extended by most owners.** Without adequate time for a controlled renewal process, owners will no longer be able to extend that courtesy.



Date: 2/25/10

CITY OF MADISON

Registration Statement - LANDLORD & TENANT ISSUES SUBCOMMITTEE  
COMMITTEE

Please Print

Agenda No. 2

PLEASE PRINT CLEARLY

Name Sarah Hartz  
Address 316 Kleine Street  
Deerfield, WI 53531

Please check the appropriate boxes:

Support  
 Oppose  
 Neither Support Nor Oppose

and  Wish to speak  
 Do not wish to speak  
 Available to answer questions

At this meeting are you representing an organization or a person other than yourself:  Yes  No  
(If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," provide the name of who you represent and go on to the next question.)

Name, address and telephone number of each person or organization you are representing:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you being paid for your representation?  Yes  No

Are you appearing as part of your other paid duties for this person or organization?  Yes  No  
(If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," go on to the next question.)

Speaking Limits: Public Hearing (Common Council) ..... 5 minutes  
Information Hearing..... 3 minutes  
Other Items..... 3 minutes

(SEE BACK)

REGISTRATION STATEMENT - PAGE 2

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Date \_\_\_\_\_

Signature \_\_\_\_\_

Print Name \_\_\_\_\_

Date: \_\_\_\_\_

**CITY OF MADISON**

**Registration Statement - LANDLORD & TENANT ISSUES SUBCOMMITTEE**  
COMMITTEE

Please Print

Agenda No. <u>16662</u>
-------------------------

PLEASE PRINT CLEARLY

Name PATRICK MCCAUGHY  
 Address 914 West Shore Drive  
MADISON, WI 53715

Please check the appropriate boxes:

- Support  
 **Oppose**  
 Neither Support Nor Oppose

- and  Wish to speak  
 Do not wish to speak  
 Available to answer questions

At this meeting are you representing an organization or a person other than yourself:  Yes  No  
*(If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," provide the name of who you represent and go on to the next question.)*

Name, address and telephone number of each person or organization you are representing:

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Are you being paid for your representation?  Yes  No

Are you appearing as part of your other paid duties for this person or organization?  Yes  No  
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Date \_\_\_\_\_

Signature \_\_\_\_\_

Print Name \_\_\_\_\_

Date: 2/21/10

CITY OF MADISON

Registration Statement - LANDLORD & TENANT ISSUES SUBCOMMITTEE  
COMMITTEE

Please Print

Agenda No. 2

PLEASE PRINT CLEARLY

Name Sam Polstein  
Address 502 N Frances St. #1010  
Madison, WI 53703

Please check the appropriate boxes:

- Support
- Oppose
- Neither Support Nor Oppose

- and
- Wish to speak
  - Do not wish to speak
  - Available to answer questions

At this meeting are you representing an organization or a person other than yourself?  Yes  No  
(If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," provide the name of who you represent and go on to the next question.)

Name, address and telephone number of each person or organization you are representing:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you being paid for your representation?  Yes  No

Are you appearing as part of your other paid duties for this person or organization?  Yes  No  
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REGISTRATION STATEMENT - PAGE 2

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Date \_\_\_\_\_

Signature \_\_\_\_\_

Print Name \_\_\_\_\_



Date: 2/25/10

CITY OF MADISON

Registration Statement - LANDLORD & TENANT ISSUES SUBCOMMITTEE  
COMMITTEE

Please Print

Agenda No. 2

PLEASE PRINT CLEARLY

Name Rebecca M Anderson

Address 22 Langdon St

Please check the appropriate boxes:

- Support
- Oppose
- Neither Support Nor Oppose

- and
- Wish to speak
  - Do not wish to speak
  - Available to answer questions

At this meeting are you representing an organization or a person other than yourself?  Yes  No  
(If you answered "no," **STOP**; you need not complete the rest of this form. If you answered "yes," provide the name of who you represent and go on to the next question.)

Name, address and telephone number of each person or organization you are representing:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you being paid for your representation?  Yes  No

Are you appearing as part of your other paid duties for this person or organization?  Yes  No  
(If you answered "no," **STOP**; you need not complete the rest of this form. If you answered "yes," go on to the next question.)

Speaking Limits: Public Hearing (Common Council) ..... 5 minutes  
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REGISTRATION STATEMENT - PAGE 2

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Date \_\_\_\_\_

Signature \_\_\_\_\_

Print Name \_\_\_\_\_

Date: 2/25/10

CITY OF MADISON

Registration Statement - LANDLORD & TENANT ISSUES SUBCOMMITTEE  
COMMITTEE

Please Print

PLEASE PRINT CLEARLY

Agenda No. 2

Name Alexandra Perraud  
Address 505 N. Frances 1009-1  
Madison, WI  
53703

Please check the appropriate boxes:

- Support
- Oppose
- Neither Support Nor Oppose

- and
- Wish to speak
  - Do not wish to speak
  - Available to answer questions

At this meeting are you representing an organization or a person other than yourself:  Yes  No  
(If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," provide the name of who you represent and go on to the next question.)

Name, address and telephone number of each person or organization you are representing:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you being paid for your representation?  Yes  No

Are you appearing as part of your other paid duties for this person or organization?  Yes  No  
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Date 2/25/10

Signature



Print Name

Alexandra Perraud

Date: 2/25/10

CITY OF MADISON

Registration Statement - LANDLORD & TENANT ISSUES SUBCOMMITTEE  
COMMITTEE

Please Print

Agenda No. 2

PLEASE PRINT CLEARLY

Name Nancy Jensen  
Address 702 N High Point Rd  
Madison, WI

Please check the appropriate boxes:

- Support
- Oppose
- Neither Support Nor Oppose

- and  Wish to speak  
 Do not wish to speak  
 Available to answer questions

At this meeting are you representing an organization or a person other than yourself:  Yes  No  
(If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," provide the name of who you represent and go on to the next question.)

Name, address and telephone number of each person or organization you are representing:

Apt. Association of South Central WI  
702 North High Point Rd  
Madison, WI

Are you being paid for your representation?  Yes  No

Are you appearing as part of your other paid duties for this person or organization?  Yes  No  
(If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," go on to the next question.)

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Other Items..... 3 minutes

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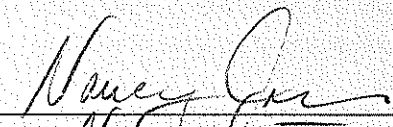
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Date 2/25/10

Signature   
Print Name Nancy Jensen

Date: 2-25-10

CITY OF MADISON

Registration Statement - LANDLORD & TENANT ISSUES SUBCOMMITTEE  
COMMITTEE

Please Print

Agenda No. 2

PLEASE PRINT CLEARLY

Name Adam Johnson  
Address 304 Princeton Ave.

Please check the appropriate boxes:

- Support
- Oppose
- Neither Support Nor Oppose

- and
- Wish to speak
  - Do not wish to speak
  - Available to answer questions

At this meeting are you representing an organization or a person other than yourself:  Yes  No  
(If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," provide the name of who you represent and go on to the next question.)

Name, address and telephone number of each person or organization you are representing:  
Associated Students of Madison

Are you being paid for your representation?  Yes  No

Are you appearing as part of your other paid duties for this person or organization?  Yes  No  
(If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," go on to the next question.)

Speaking Limits:

- Public Hearing (Common Council) ..... 5 minutes
- Information Hearing..... 3 minutes
- Other Items..... 3 minutes

(SEE BACK)

REGISTRATION STATEMENT - PAGE 2

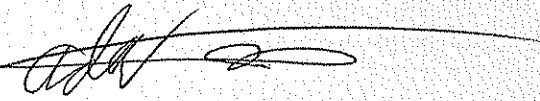
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Date 2-25-10 Signature   
Print Name Adam Johnson



Date: 2/25/10

CITY OF MADISON

Registration Statement - LANDLORD & TENANT ISSUES SUBCOMMITTEE  
COMMITTEE

Please Print

Agenda No. 16662

PLEASE PRINT CLEARLY

Name Nick Desion  
Address 615 W. Johnson  
Madison, WI 53706

Please check the appropriate boxes:

- Support
- Oppose
- Neither Support Nor Oppose

- and
- Wish to speak
  - Do not wish to speak
  - Available to answer questions

At this meeting are you representing an organization or a person other than yourself:  Yes  No  
(If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," provide the name of who you represent and go on to the next question.)

Name, address and telephone number of each person or organization you are representing:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you being paid for your representation?  Yes  No

Are you appearing as part of your other paid duties for this person or organization?  Yes  No  
(If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," go on to the next question.)

Speaking Limits: Public Hearing (Common Council) ..... 5 minutes  
Information Hearing..... 3 minutes  
Other Items..... 3 minutes

(SEE BACK)

REGISTRATION STATEMENT - PAGE 2

Are you an elected official or employee who is appearing solely on behalf of your office or for your municipality or other governmental body?  Yes  No

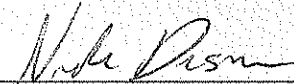
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Date 2/25/10

Signature 

Print Name Nick Desten

Date: \_\_\_\_\_

**CITY OF MADISON**

**Registration Statement - LANDLORD & TENANT ISSUES SUBCOMMITTEE**  
COMMITTEE

Please Print

Agenda No. \_\_\_\_\_

**PLEASE PRINT CLEARLY**

Name Rachel Govin  
Address 609 Whalen Road  
Verona WI 53593

Please check the appropriate boxes:

- Support
- Oppose #2**
- Neither Support Nor Oppose

- and
- Wish to speak
  - Do not wish to speak
  - Available to answer questions

At this meeting are you representing an organization or a person other than yourself:  Yes  No  
*(If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," provide the name of who you represent and go on to the next question.)*

Name, address and telephone number of each person or organization you are representing:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you being paid for your representation?  Yes  No

Are you appearing as part of your other paid duties for this person or organization?  Yes  No  
*(If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," go on to the next question.)*

Speaking Limits: Public Hearing (Common Council) ..... 5 minutes  
Information Hearing..... 3 minutes  
Other Items..... 3 minutes

(SEE BACK)

REGISTRATION STATEMENT - PAGE 2

Are you an elected official or employee who is appearing solely on behalf of your office or for your municipality or other governmental body?  Yes  No

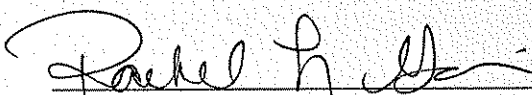
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Date 2/25/10

Signature 

Print Name Rachel Govin

Date: \_\_\_\_\_

CITY OF MADISON

Registration Statement - LANDLORD & TENANT ISSUES SUBCOMMITTEE  
COMMITTEE

Please Print

Agenda No. \_\_\_\_\_

PLEASE PRINT CLEARLY

Name KARI STOPPLE

Address 1202 Regent

Madison WI 53715

Please check the appropriate boxes:

- Support
- Oppose** #2
- Neither Support Nor Oppose

- and
- Wish to speak
  - Do not wish to speak
  - Available to answer questions

At this meeting are you representing an organization or a person other than yourself:  Yes  No  
(If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," provide the name of who you represent and go on to the next question.)

Name, address and telephone number of each person or organization you are representing:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you being paid for your representation?  Yes  No

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(If you answered "no," STOP; you need not complete the rest of this form. If you answered "yes," go on to the next question.)

Speaking Limits:

- Public Hearing (Common Council) ..... 5 minutes
- Information Hearing..... 3 minutes
- Other Items..... 3 minutes

(SEE BACK)

REGISTRATION STATEMENT - PAGE 2

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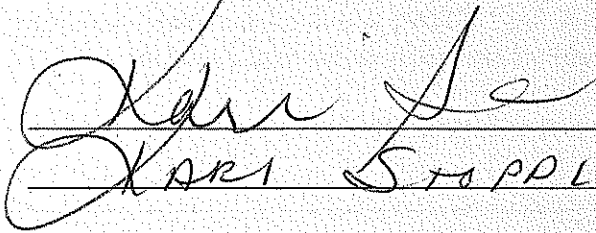
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Date 2/25/10

Signature



Print Name

KARI STAPLE

Date: 2/25/10

CITY OF MADISON

Registration Statement - LANDLORD & TENANT ISSUES SUBCOMMITTEE  
COMMITTEE

Please Print

Agenda No. 16662

PLEASE PRINT CLEARLY

Name Scott Resnick  
Address 661 Mendota Ct #1401  
Madison WI 53703

Please check the appropriate boxes:

- Support
- Oppose
- Neither Support Nor Oppose

- and
- Wish to speak
  - Do not wish to speak
  - Available to answer questions

At this meeting are you representing an organization or a person other than yourself:  Yes  No  
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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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Speaking Limits: Public Hearing (Common Council) ..... 5 minutes  
Information Hearing..... 3 minutes  
Other Items..... 3 minutes

(SEE BACK)

REGISTRATION STATEMENT - PAGE 2

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Date \_\_\_\_\_

Signature \_\_\_\_\_

Print Name \_\_\_\_\_



Date: 2/25/10

CITY OF MADISON

Registration Statement - LANDLORD & TENANT ISSUES SUBCOMMITTEE  
COMMITTEE

Please Print

Agenda No. 2

PLEASE PRINT CLEARLY

Name Jim Shavel  
Address 121 W. Columbia  
Madison, WI 53703

Please check the appropriate boxes:

- Support
- Oppose
- Neither Support Nor Oppose

- and
- Wish to speak
  - Do not wish to speak
  - Available to answer questions

At this meeting are you representing an organization or a person other than yourself:  Yes  No  
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REGISTRATION STATEMENT - PAGE 2

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Date \_\_\_\_\_

Signature \_\_\_\_\_

Print Name \_\_\_\_\_

Date: 2-25-10

CITY OF MADISON

Registration Statement - LANDLORD & TENANT ISSUES SUBCOMMITTEE  
COMMITTEE

Please Print

Agenda No. 2

PLEASE PRINT CLEARLY

Name Alyssa Hellenbrand  
Address 504 Bridlewood Ln  
Watertown, WI

Please check the appropriate boxes:

Support  
 Oppose  
 Neither Support Nor Oppose

and  Wish to speak  
 Do not wish to speak  
 Available to answer questions

At this meeting are you representing an organization or a person other than yourself:  Yes  No  
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REGISTRATION STATEMENT - PAGE 2

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Signature \_\_\_\_\_

Print Name \_\_\_\_\_